

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO. _____		FILING DATE _____	
							APPLICANT(S) _____			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.		
1	1									
2										
3										
4										
5										
6										
7										
8										
9										
10										
11	1									
12		1								
13	1									
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18	1									
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50										
<b>TOTAL IND.</b>	<b>7</b>									
<b>TOTAL DEP.</b>	<b>22</b>									
<b>TOTAL CLAIMS</b>	<b>29</b>									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										